

ADOPTION APPLICATION/AGREEMENT



Date: _____

Preliminary information:

Type of pet you are looking to adopt: _____ Dog _____ Cat _____ Other

Gender: _____ Male _____ Female

Breed: _____

Age: _____ Less than 1 year _____ More than 1 year _____ Senior _____ No preference

Size: _____ Small _____ Medium _____ Large _____ No preference

Main color grouping: _____ Black _____ Brown _____ White _____ Other _____ No preference

Name of Applicant _____ Age: 21-30 _____ 30+ _____ Senior _____

Spouse/Other _____ Age: 21-30 _____ 30+ _____ Senior _____

Home Address _____ City, Zip _____

How long there? _____

Place of Employment _____ Occupation _____

Address _____

Spouse (Other) Employment _____ Occupation _____

Address _____

Ages of children, if any _____

Other occupants in the home _____

Tel. Home () _____ - _____ Tel. Work () _____ - _____, x _____ Cell () _____ - _____

Other () _____ - _____ E-mail address _____

Type of Dwelling: House ___ Condo/Townhse ___ Sqft. _____ Apt ___ Sqft. _____ Other _____

Own ___ Rent? ___ Do you have landlord's or HOA permission to have a dog? Y ___ N ___

Landlord/HOA Name & Phone Number _____

Why do you want this pet? Companion for you ___ For your children ___ For your other Pet ___
Gift ___ Other _____

Does anyone in household have allergies? Y ___ N ___ If yes, explain _____

Have your ever owned a dog as an adult? Y ___ N ___ When and how many? _____

Have you ever bred dogs Y ___ N ___

If yes, which breed(s) _____

Other dogs in household (number, sex, age, breed)

Do you have cats? Y ___ N ___ How many? _____ Indoor Only ___ Indoor/Outdoor ___ Outdoor Only ___

Have they been with dogs before? Y ___ N ___

Are your cats: Kittens ___ Young adults ___ Adults ___ Seniors ___

Other pets (rabbits, ferrets, etc.) _____

Are your pets spayed/neutered? Y ___ N ___ Up to date on shots? Y ___ N ___

What vaccines? How often?

Who will be the primary caretaker?

How many hours/day will the dog be alone? _____ Where? Inside ___ Outside ___ Both ___

What indoor space is available to the pet? _____

What indoor space is off-limits to the pet? _____

Where will the dog sleep at night? Outside Dog House ___ Garage ___ Laundry Room ___ Kitchen ___
Master Bdrm ___ Child's Rm ___ Bathrm ___ Crate ___ Other (Explain) _____

What outside areas are available to the dog? Fenced Yard ___ Enclosed Patio ___ Garage ___ Balcony ___
Dog House ___ Unfenced Common Area ___ Other _____

Do you or will you have a doggie door? Y ___ N ___

Type of Fencing? Chain Link ___ Wood ___ Iron ___ Block Wall ___ Other _____
Height of Fence: Highest point _____ Lowest point _____

Have you recently inspected your fence and is it secure, without holes, gaps, or low points? Y ___ N ___

If NO, and your application is accepted, do you agree to thoroughly inspect your fence and make any necessary repairs before placement? Y ___ N ___

Are there gates? _____ How many? _____ How high? _____

Is there any type of lock on the gate(s)? Padlock ___ Key/Bolt ___ Latch ___ Other _____
If no locks, would you be willing to install them prior to placement? Y ___ N ___

Does your home have a pool? Y ___ N ___ If yes, is it fenced & gated? Y ___ N ___

Who has access to your yard? Gardner ___ Pool man ___ Housekeeper ___ Utility Meter Reader ___
Neighbor ___ Other _____

Preferred level of exercise with dog? Hike/jog ___ Vigorous walks ___ Short walks ___ Dog Park ___
Doggie Day Care ___ None, large property _____

If you travel, How much? _____ Business ___ Pleasure ___ Both _____

Who will care for the dog when you travel? _____
(Friend, Relative, Dog Sitter, Vet Boarding, Cage Free Boarding, etc.)

Do you have a regular vet? Y ___ N ___ Name and address of vet: _____

If No, would you like a vet referral in your area? Y ___ N ___

Do you know the location of the nearest emergency vet clinic? Y___ N___ Name and address: _____

Under what circumstances would you make a decision to euthanize? _____

What do you feed your dog? Kibble ___ Brand _____
Canned Food ___ Brand _____

Would you adopt a dog that required a special diet? Y___ N___

Who will groom & bathe your dog? _____

How would you rate your level of dog owning experience: First time owner___ Beginner___
Intermediate ___ Advanced ___ Other _____

How would you discipline your dog if he or she misbehaved? _____

How would you train this dog? Local obedience class ___ Firm verbal commands ___
Clicker/hand signals ___ Private Trainer ___ Other _____

How would you normally walk this dog? On leash ___ Trained off-leash ___

When on-leash, I would use: Collar only ___ Choke chain ___ Prong Collar ___ Harness ___ Sporn ___
Gentle Leader___ Martingale _____

How will you continue to socialize this dog with other dogs? _____

Under what circumstances would you give up your dog?
Biting Behavior___ Destructive Chewing___ Marking Behavior___ Shedding___ Allergies___
Housebreaking Problems___ Aggressive Behavior on Leash___ Poor Watch Dog___
Growling at Guests___ Financial Problems___ Excessive Vet Bills___
New partner doesn't like pets___ New Baby___ Insurance Company Exclusion ___ Allergies ___
Other _____

What would happen to your dog if you moved?
Locally _____
Out of the area _____

Have you ever given a pet away? If so, please explain _____

Pets are an investment of your time & money. Can you afford to provide ongoing medical care when necessary, training if necessary, and a proper diet? Y___ N___

Are you able to make a long-term commitment to care for your pet for its entire life span, which could be as much as 10 to 20 years? Y___N___

Please list pets you have owned as an adult:

<u>Animal</u>	<u>Breed</u>	<u>Length of ownership</u>	<u>What happened</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why this pet? _____

Why are you interested in rescue? _____

Continued on next page =>

Please read each statement and initial appropriately below:

I understand that a home visit is required, and does not guarantee placement of the pet (hereinafter “the pet”). _____

I understand that even if the pet is dropped off at my residence, Crossing Guardians reserves the right to revoke your right to ownership of the pet, if it later discovers any information provided in the application is/are false, or discovers any other information about the applicant that Crossing Guardians deems as dangerous to the pet. _____

I understand that a background check may be conducted on me. _____

I understand that I will provide Crossing Guardians with regular follow-ups on the pet, including photos and videos, as evidence that the pet is being well cared-for. _____

I understand that I must provide my own collar, leash, harness and other necessities in the best interests of the pet. _____

I understand that I will be responsible for using recommended correction training tools – which includes classes, if needed – to ensure the pet will become well-adjusted to home, people and other animals. _____

I understand that I will provide proof that you will provide at least 2 personal ID tags for the pet, one of which will be a microchip. _____

I understand that if, for any reason or at any time, I wish to relinquish ownership of the pet, I shall immediately contact **Naida Austin at rescue@CrossingGuardians.org** for purposes of returning the pet.

I understand that should this adoption of the pet go forward, this application is incorporated into the contract by reference. _____

Signature: _____

Date: _____